

Approved for Use through 8/31/02. OMB 0941-0044
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	08/430 158
	Filing Date	11/09/1998
	First Named Inventor	Erasme Perez et al.
	Group Art Unit	2614
	Examiner Name	Ms. Nathan W
	Attorney Docket Number	AMKOR-018A

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:☒ Customer Number 007653
Attention: Mark B. GarrosPlace Customer Number Bar
Code Label here

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		ZIP
Country				
Telephone		Fax		
I am the:				
<input type="checkbox"/> Applicant.				
<input checked="" type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed				
SIGNATURE OF Applicant or Assignee of Record				
Name	Paul Davis			
Signature	<i>Paul W. Davis</i>			
Date	3/8/02			

3290 TO: Assistant Commissioner for Patents, Washington, D.C. 20531

FAX COPY RECEIVED

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0551-0003
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	35438163
Filing Date	11/09/2001
Pre-Noticed Invention	Enigma Poxa et al.
Group Art Unit	2814
Examiner Name	Ms. Nathan W.
Attorney/Agent Number	AMKOR 015A

I hereby appoint:

☒ Practitioner at Customer Number 007883
Attention: Mark B. Garred
OR

Place Customer Number Bar
Code Label here

☐ Practitioner(s) names below.

Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number; Attention: Mark B. Garred
OR

☐ Practitioner at Customer Number _____
Attention: [attorney name] Code Label here
OR

☐ Firm or individual
Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE OF Applicant or Assignee of Record

Name

Paul Davis

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

SEND TO: Assistant Commissioner for Records, Washington, D.C. 20531

